



GLASTONBURY PARKS & RECREATION DEPARTMENT
JUMP ROPE PROGRAM



THIS FORM MUST BE COMPLETED AND SENT WITH YOUR CHILD ON THE FIRST DAY

Child's Name _____ Birth date _____ Age _____

Address: _____ Home Phone _____

Name of the Parent/Guardian(s) and where they can be **REACHED** by phone during the program in case of a problem/emergency.

Parent/Guardian _____ Home Phone _____ Cell Phone _____

Name of Employer _____ Work Phone _____

SPECIAL NEEDS

In order to better accommodate your child, please make us aware of any special needs he/she may have. Please see the Instructor to discuss any concerns you may have. (Note: The Parks & Recreation Department should be notified **IN ADVANCE** if your child will require any special accommodations)

MEDICAL INFORMATION

If your child requires medication in the event of an emergency (food allergy, asthma etc.) **YOU** must obtain and complete an **Authorization For Administration of Medication** form prior to the start of the program. Forms are available at Parks & Recreation Office or from our website (www.glastonbury-ct.gov). Staff are not certified in Medical Administration and can only assist a child with emergency medication.

Medical Condition _____ Allergies _____

Medication to be administered _____

EMERGENCY INFORMATION

I give permission for the following persons to assume temporary care and to provide transportation for my child if we, the Parent/Guardian(s) cannot be notified:

Name _____ Relationship _____ Phone _____

If in the opinion of the Program Staff, emergency transportation to a hospital is required by an emergency vehicle, I give permission for such transport. If the situation permits, I prefer one of the following

Hospitals _____ Physicians _____

I authorize any licensed Physician to provide proper treatment, order injections, hospitalize, give anesthesia, or perform surgery for:

Child's Name _____ Age _____

during my absence while my child is under the care of the Glastonbury Parks and Recreation Department program Staff. I understand that this authorization is given prior to any need for medical care, but it is given to avoid unnecessary delay in emergency treatment which the physician may deem advisable in the exercise of his/her best judgment.

Name _____ Signature _____

Relationship _____ Date _____